



2010 Tupelo Softball Association Player Registration Form



Player's Last Name: _____ First Name: _____ MI: _____

Street: _____

Town: _____ State: _____ Zip: _____

Home Phone#: _____ Sex: M F Birthdate: _____ Age as of December 31, 2009: _____

Primary Email: _____ **This is the email address you will receive notification by.**

Father's Last Name: _____ First: _____ Phone: _____

Address (if different): _____

Work Phone #: _____ Cell #: _____

Email: _____ Father's Occupation: _____

Mother's Last Name: _____ First: _____ Phone: _____

Address (if different): _____

Work Phone #: _____ Cell #: _____

Email: _____ Mother's Occupation: _____

Emergency Contact: _____ Phone: _____ Relation: _____

We ask for active participation of parents in our program. Please check one of the following if you are interested and want to participate. Coach Assistant Coach Sponsor

Resident/Non-Resident

You must check one. Any false information could result in expulsion from play.

Live in the City of Tupelo \$45.00

Live in the Tupelo Separate School District \$45.00 + \$10.00

Live in Lee County or another County. \$45.00 + \$25.00

Please make note that you are registering to play softball, but not with a particular team. Is your child cover by insurance? YES ON

I/We the parents of the above child, hereby give approval for his/her participation in any and all activities connected with the above program. I/We assume all risks and hazards incidental to the conduct of the activity, and transportation to and from the activities and I/We do further hereby release and hold harmless the Tupelo Parks and Recreation Department, Tupelo Advisory Board, the City of Tupelo, the sponsors, the supervisors (both staff and volunteer) and/or all them from any and all claims of injury and/or claims arising from participation in the above activity.

In case of injury to my child, I/We likewise waive all claims for damages that we might have against the above mentioned and likewise waive any claim against any person transporting my/our child to or from activities.

No refunds will be given after registration dates.

Parent/Guardian Signature

Office Use Only

Payment \$ _____ Receipt #: _____ Payment Method: check cash credit card